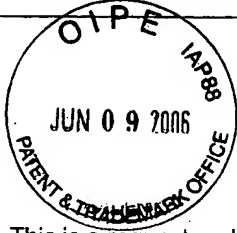


06-12-06

PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
		In re Application of <u>LORI OGAARD</u>	
		Application Number <u>10/685-791</u>	Filed <u>10-14-2003</u>
		<u>COMPACT UTILITY HOLDER FOR DRINKING GLASSES, MUGS FOR CUPS, UTENSILS, CONDIMENT AND COSMETIC CONTAINERS</u>	
		Art Unit <u>3728</u>	Examiner <u>Bui, LUAN KIM</u>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ <u>120.00</u>	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$ _____	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>60.00</u> .			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ 06/13/2006 HNGUYEN1 00000042 10605791			
I have enclosed a duplicate copy of this sheet.		01 Feb 2006 60.00 DP	
I am the <input checked="" type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<u>2006 JUNE 9</u> Date		<u>Lori Ogaard</u> Signature	
<u>435-688-8011</u> Telephone Number		<u>LORI OGAARD</u> Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

Certificate of Mailing

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I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450."

Date: 2006 JUNE 9

Lori Ogaard
LORI OGAARD, Applicant